County of Los Angeles Department of Mental Health

Student Professional Development Program 2016-2017 Academic Year				
Complet	e this form for each discipline	to be placed at this agency:	Service Area	
Psychology Practicum Externship Internship Social Work Macro/Administrative Nursing Marriage Family Therapist Occupational Therapy Other (specify):				
DMH Agency:	Administration – SA8			
DMH Agency Address:	100 Oceangate, Ste. 550 Long Beach, CA 90802			
DMH Agency Liaison:	Javier Nevarez, LCSW			
New or Returning:	⊠ New	Returning		
Liaison Email Address:	jnevarez@dmh.lacounty.gov			
Liaison Phone Number:	562-435-3106			
Liaison Fax Number:	562-256-1603			
Agency ADA accessible	Yes If "No" identify:	No		
Student Requirements	•			
How many positions will you have?		1		
Beginning and ending dates:		6/2016 - 5/2017		
Student Schedule:				
Please indicate days and times students should be available to provide services, including mandatory staff meetings (SM), training seminars (TR), supervision (SUP), etc.				
Monday		Between 8:00 AM – 6:00 PM		
Tuesday		Between 8:00 AM – 6:00 PM		
Wednesday		Between 8:00 AM – 6:00 PM		
Thursday				
Friday				
Total hours expected to b	16			
Number of direct client hours per week anticipated:		N/A		
Expected average consumer caseload:		N/A		
What cultural groups typically received services at your site?		Hispanic/Latino		
<u>. •</u>		1		

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Description of Site: (Please describe the type of Agency setting and services offered)

We are the Service Area (SA) 8 Administrati promoters program (health promoters), assist identifying and providing attendees with info with services, collaboration with various contrainings with promoters and provide program presentations with support from field instruct	on ing rm nm	Office. Student will be involved with g with presentations in the community, nation, resources in the community, and linkage unity agencies. Student will participate in upport. Student will identify and arrange		
Target population and types of services pro	ovi	ded: (please check all that apply)		
☐ Individuals	X	Psychoeducational groups (e.g. Parenting		
⊠ Groups	X	Community Outreach		
☐ Families		Brief treatment to mid-term treatment		
☐ Children & Adolescents		Long term treatment		
⊠ Adults		Crisis Intervention		
Older Adults	\boxtimes	Screening and Assessment		
☐ Court/Probation referred		Psych Testing (For psychology students only		
◯ Consultation/Liaison		Other (specify):		
What are the most frequent diagnostic categories of your client population? N/A What specific (perhaps unique) training opportunities do students have at your agency?				
Various DMH trainings				
What evidence based practices or theoretical N/A	ori	entations will students be exposed to at this site?		
those with lived experience?	ı m	nultidisciplinary team environment that includes		
Yes				
List locations where students will be providing Various community locations	ıg s	services other than agency?		
Does your agency allow students to videotape cases in their academic classes? Yes	e ai	nd/or audiotape clients for the purpose of presenting		

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Supervision:

What types of supervision will be provided for the students and what is the licensure/discipline of the supervisor? Please specify below.

Type	Hours Per Week	On Site Supervisor Degree/Discipline
Individual:	1+	MSW, LCSW
Group:		

Type	Hours I ci Week	On Site Super visor Degree/Discipline
Individual:	1+	MSW, LCSW
Group:		
	require a particular r please explain.	on to client contact hours? 1:8 ange of previous experience or specific prerequisite
agreement with the opportunity. All st must obtain live sc	ements: Only studente Los Angeles County udents are processed an clearance. All in exual Harassment Pr	nts from academic institutions who have a current affiliation of Department of Mental Health may be extended a placement of through Human Resources Bureau. All prospective interns terns are required to complete a mandatory HIPAA revention Training (for line staff) as part as the terms of their
DMH Staff compl	leting this form: Jav	vier Nevarez Title: PSW II
Signature:		Date:
Program Head:		Phone #:
District Chief:		Phone #:
Flectronic Signatu	ure: Javier Nevare	Date: 02/4/2016